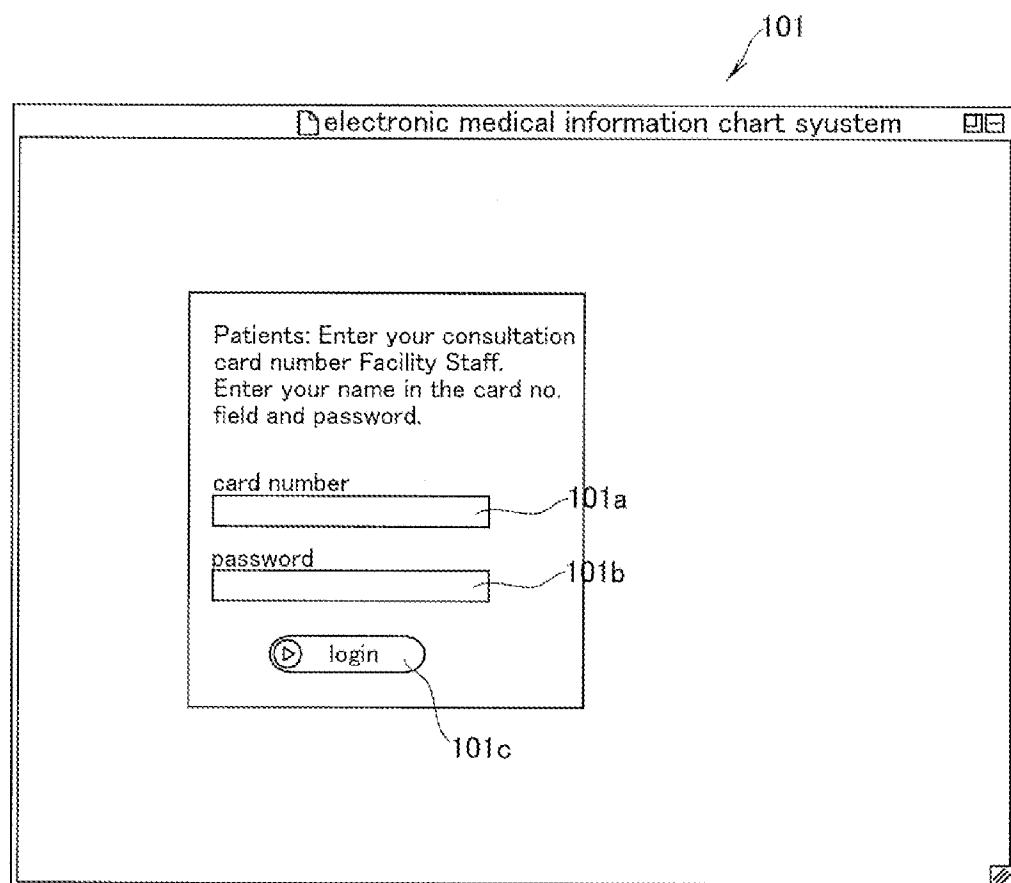


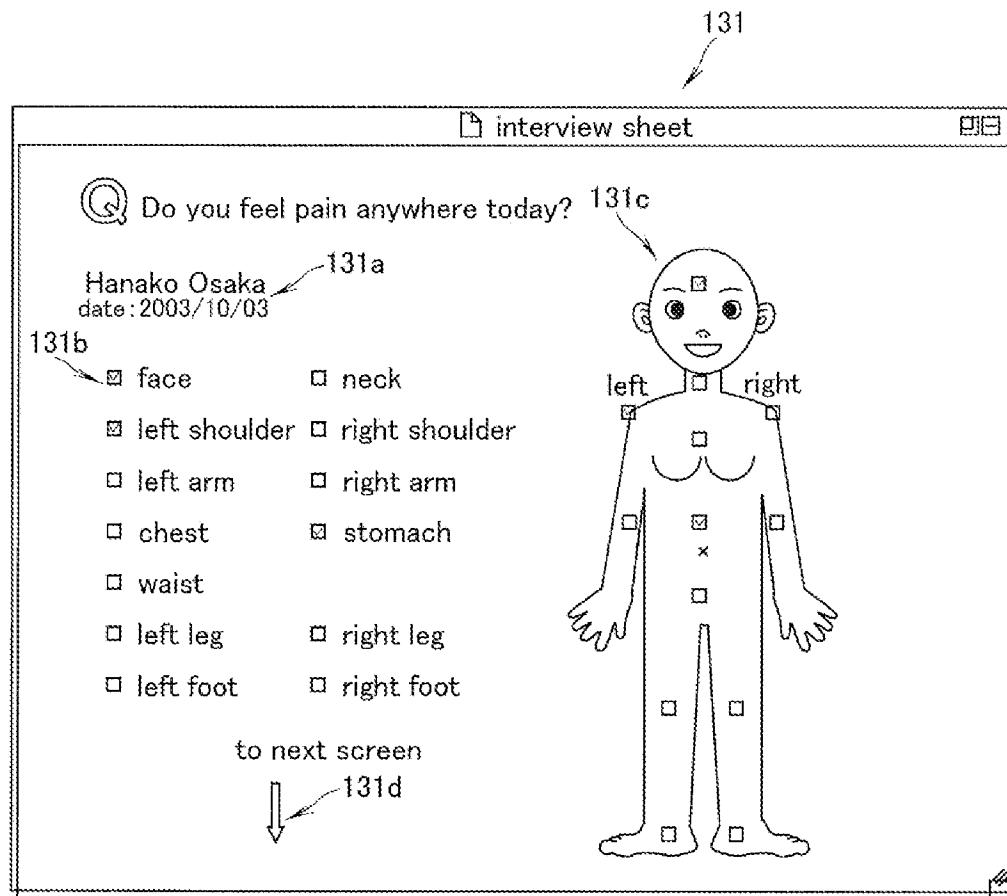
Replacement Sheet

FIG. 2



Replacement Sheet

FIG. 3a



Replacement Sheet

FIG. 3b

132

132a

Interview sheet

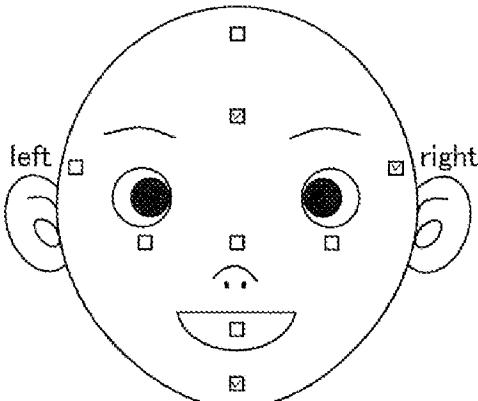
Q: Which part of your face pains?

132b

132c

to next screen

top of head forehead
 left temple right temple
 left eye right eye
 nose mouth
 jaw



Replacement Sheet

FIG. 3c

133

interview sheet

Face: How bad does it pain? Since when?

Forehead degree of pain since when

133a 133b

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
○	◎	○	○
slightly hurts			
terribly hurts			
hurts			

Right temple degree of pain since when

133a 133b

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○	◎	○	
slightly hurts			
terribly hurts			
hurts			

Jaw degree of pain since when

133a 133b

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○	◎	○	
slightly hurts			
terribly hurts			
hurts			

to next screen

133c

Replacement Sheet

FIG. 4a

151a		151f interview sheet		interview sheet(facility use)	
Doctor in attendance Naniwa Univ. Hospital Taro Kobe		151f		151j	
patient code patient name 151b Hanako Osaka [chief disease name] chronic sinusitis diarrhea		Q1. Do you feel pain anywhere? 151g		150c 150a 150b 150i 150j 150k 150m	
151d 2003.10.3		<ul style="list-style-type: none"> face <ul style="list-style-type: none"> • parietal region 151h <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> since when <input type="button" value="↑"/> • frontal region <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> since when <input type="button" value="↑"/> • temporal region (right) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> a month ago <input type="button" value="↑"/> • temporal region (left) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> since when <input type="button" value="↑"/> • orbital region (right) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> since when <input type="button" value="↑"/> orbital region (left) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> since when <input type="button" value="↑"/> • nasal region <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> since when <input type="button" value="↑"/> • oral region <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> others <input type="button" value="↑"/> (seven mon) • mental region <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> since when <input type="button" value="↑"/> 		<ul style="list-style-type: none"> neck <ul style="list-style-type: none"> • anterior neck region <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> since when <input type="button" value="↑"/> • sternocleido-mastoid region(right) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> since when <input type="button" value="↑"/> • sternocleido-mastoid region(left) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> since when <input type="button" value="↑"/> 	
Q1 Q2 Q3 Q4 Q5 Q6 Q7 Q8 Q9 Q10 Q11 Q12 Q13 Q14 Q15 Q16 Q17 Q18 Q19		<ul style="list-style-type: none"> shoulder <ul style="list-style-type: none"> • suprascapular region (right) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> since when <input type="button" value="↑"/> • suprascapular region (left) <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> a month ago <input type="button" value="↑"/> • lateral region of neck (triangle)(right) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> a month ago <input type="button" value="↑"/> • lateral region of neck (triangle)(left) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> since when <input type="button" value="↑"/> 		<ul style="list-style-type: none"> chest <ul style="list-style-type: none"> • axillary region (right) <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> four or five days <input type="button" value="↑"/> • axillary region (left) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> since when <input type="button" value="↑"/> • mammary region (right) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> since when <input type="button" value="↑"/> • mammary region (left) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> since when <input type="button" value="↑"/> 	
151e					

Replacement Sheet

FIG. 4b

152

interview sheet

interview sheet(facility use) ☺ ☺ ☺ ☺

Doctor in attendance Naniwa Univ. Hospital Taro Kobe	152a	
	Q1. Do you feel itchy anywhere?	
patient code /patient name Hanako Osaka [chief disease name] chronic sinusitis diarrhea 2003.10.3	face	
	<ul style="list-style-type: none"> • parietal region <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> since when ↓ <input type="text"/> 	
	<ul style="list-style-type: none"> • frontal region <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> since when ↓ <input type="text"/> 	
	<ul style="list-style-type: none"> • temporal region (right) <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> since when ↓ <input type="text"/> 	
	<ul style="list-style-type: none"> • temporal region (left) <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> since when ↓ <input type="text"/> 	
	<ul style="list-style-type: none"> • orbital region (right) <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> since when ↓ <input type="text"/> 	
	<ul style="list-style-type: none"> • orbital region (left) <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> since when ↓ <input type="text"/> 	
	<ul style="list-style-type: none"> • nasal region <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> since when ↓ <input type="text"/> 	
	<ul style="list-style-type: none"> • oral region others <input type="radio"/> <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> since when ↓ <input type="text"/> seven mor 	
	<ul style="list-style-type: none"> • mental region <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> since when ↓ <input type="text"/> 	
	shoulder	
	<ul style="list-style-type: none"> • suprascapular region (right) <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> since when ↓ <input type="text"/> 	
	<ul style="list-style-type: none"> • suprascapular region (left) <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> since when ↓ <input type="text"/> 	
	<ul style="list-style-type: none"> • lateral region of neck (triangle)(right) <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> since when ↓ <input type="text"/> 	
	<ul style="list-style-type: none"> • lateral region of neck (triangle)(left) <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> since when ↓ <input type="text"/> 	
	neck	
	<ul style="list-style-type: none"> • anterior neck region <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> since when ↓ <input type="text"/> 	
	<ul style="list-style-type: none"> • sternocleido-mastoid region(right) <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> since when ↓ <input type="text"/> 	
	<ul style="list-style-type: none"> • sternocleido-mastoid region(left) <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> since when ↓ <input type="text"/> 	
chest		
<ul style="list-style-type: none"> • axillary region (right) <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> four or five days ↓ <input type="text"/> 		
<ul style="list-style-type: none"> • axillary region (left) <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> since when ↓ <input type="text"/> 		
<ul style="list-style-type: none"> • mammary region (right) <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> since when ↓ <input type="text"/> 		
<ul style="list-style-type: none"> • mammary region (left) <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> since when ↓ <input type="text"/> 		

Replacement Sheet

FIG. 5a

The diagram illustrates a medical chart input system interface (FIG. 5a) with the following components and annotations:

- Top Bar:** "chart input system" (110)
- Left Column (Doctor Information):**
 - 110d: Doctor in attendance: Naniwa Univ. Hospital Taro Kobe
 - 110e: patient code / patient name: Hanako Osaka
 - 110f: chief disease name: chronic sinusitis
 - 110g: disease name: diarrhea
- Middle Column (Patient Details):**
 - 111: disease name (dropdown) 111a: chronic sinusitis
 - 111b: chief disease (dropdown) 111c: chief disease: chronic sinusitis
 - 111d: add item
 - 110h: previous
 - 110b: present
 - 110c: checkboxes for symptoms: clogged nose (checked), abdominal pain, itching of foot
 - 110a: checkboxes for severity: -, ±, +, ++
 - 112: chief complaint/history of present illness (dropdown) 112a: I have a stuffy nose
 - 112b: I go to the lavatory five times a day
 - 112c: Itching of foot: overall reddish and tingling
 - 112d: checkboxes for severity: -, ±, +, ++
 - 112e: history of present illness (text area)
 - 112f: handwriting icon
 - 112g: edit button
- Bottom Column (Anamnesis and Family History):**
 - 113: anamnesis (dropdown) 113a: epilepsy
 - 113b: add item
 - 113c: 1995/03/09
 - 113d: 2002/05/13
 - 113a: select disease name: epilepsy
 - 113b: select disease name: duodenal ulcer
 - 114: family history (checkboxes) 114a: mother: passed away at 79 in 2002
 - 114a: father: stomach cancer found in 1995, 82 years old
 - 114d: change to simplified version

Replacement Sheet

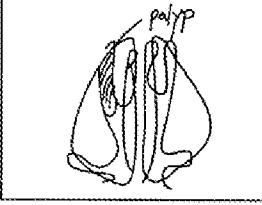
FIG. 5b

2. select disease name duodenal ulcer 2002/05/13

Doctor in attendance
Naniwa Univ. Hospital
Taro Kobe

patient code / patient name
Hanako Osaka [chief disease name]
chronic sinusitis
diarrhea

disease name
chief complaint / history of present illness
anamnesis
anamnesis of family members
observations
inspection
treatment
next reservation
dosage
injection
comments

114b family history
114a mother passed away at 79 in 2002
114d change to simplified version
114c edit view
115 observations
115a 
2003.09.10
115b inspection
115c 
2003.09.10
add item

Replacement Sheet

FIG. 5c

Doctor in attendance Naniwa Univ. Hospital Taro Kobe	duodenal ulcer		2002/05/13
patient code / patient name Hanako Osaka [chief disease name] chronic sinusitis diarrhea	<div style="display: flex; justify-content: space-between;"> 116 116a 116d add item </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> search image inspection <input type="checkbox"/> search general inspection </div> <div style="display: flex; justify-content: space-between;"> inspection name <input type="text"/> inspection name <input type="text"/> </div> <div style="display: flex; justify-content: space-between;"> inspection ID <input type="text"/> inspection ID <input type="text"/> </div> <div style="display: flex; justify-content: space-between;"> date <input type="text"/> date <input type="text"/> </div> <div style="display: flex; justify-content: space-between;"> type of icon <input type="button" value="▼"/> type of icon <input type="button" value="▼"/> </div> <div style="display: flex; justify-content: center; margin-top: 10px;"> <input type="button" value="search"/> <input type="button" value="search"/> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> 117 116c 117d add item </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> 117a 117b 117c </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> 1. select treatment name <input type="button" value="▼"/> nose treatment inspection required at next visit </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> 2. select treatment name <input type="button" value="▼"/> nose nebulizer (vestron) </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> 118 118f add item </div> <div style="display: flex; justify-content: space-between;"> dosage 118a 118b 118c 118d </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> 1. select treatment name <input type="button" value="▼"/> Flomox 3T 3 times 3 days </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> 2. select treatment name <input type="button" value="▼"/> Transamin 3c 3 times 2 days </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> 3. select treatment name <input type="button" value="▼"/> Miya-BM 3g 3 times 3 days </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> 119 119e add item </div> <div style="display: flex; justify-content: space-between;"> injection/instillation 119a 119b 119c 119d </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> 1. select treatment name <input type="button" value="▼"/> Isebacin 200mg intravenous injection <input type="button" value="▼"/> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> 2. select treatment name <input type="button" value="▼"/> Physiological saline 100cc </div> <div style="display: flex; justify-content: center; margin-top: 10px;"> <input type="checkbox"/> instillation </div>		
disease name chief complaint / history of present illness anamnesis anamnesis of family members observations inspection treatment next-reservation dosage injection comments			

Replacement Sheet

FIG. 5d

Hanako Osaka [chief disease name] chronic sinusitis diarrhea disease name chief complaint / history of present illness anamnesis anamnesis of family members observations inspection treatment next reservation dosage injection comments	injection/instillation			
	1. [select treatment name] Isobacin 200mg intravenous injection 2. [select treatment name] Physiological saline 100cc			
	<input type="checkbox"/> instillation 119f 119h			
	dilution: [dilution solution Solita T-3] 500cc			
	content: 1. Broact 2g 2. Solu-Cortef 200mg 3. Ropion 5mg 4. Transamirr-S 20cc			
	119g 120			
	next reservation 03.10.12 13:00～			
	121 comments 121b			
	 handwriting <input type="button" value="edit"/> 121a			

Replacement Sheet

FIG. 12a

DB overview											
180a	180b	181	181e	181a	details of chart	180	180h				
Doctor in attendance Naniwa Univ. Hospital Taro Kobe	patient code / patient name	consultation date	08.01 08.06 08.12 08.28 09.10 09.24 10.03	181b progress graph	181c	181d					
182 Hanako Osaka	[chief disease name]	181f list of past data [for doctor's reference]	182b doze	182a							
180c chronic sinusitis	183 injection	182c details	182d [for doctor's reference]	182e 1	182f 2	182g 3	182h 4	182i 5	183a		
183b diarrhea	184b vital information	183b instillation	183c details	183d [for doctor's reference]	183e 1	183f 2	183g 3	183h 4	183i 5	184a	
180d interview S interview O	184c weight	184d body temperature	184e blood pressure	184f meal	184g exercise	184h sleep	185a				
180f 180e 186	185b inspection	185c details	185d [for doctor's reference]	185e 1	185f 2	185g 3	185h 4	185i 5	185j 6	185k 7	185l 8
186b 187	185m feces examination	185n anoscope(regular)	185o blood drawing*	185p hair analysis*	186a feeling of*	186b feeling of*	186c nasal*	186d throat thirst	186e ++	186f ±	186g ±
	185q details	185r [for doctor's reference]	186a feeling of*	186b feeling of*	186c nasal*	186d throat thirst	186e ++	186f ±	186g ±	186h ±	186i ±
	186a interview S	186b details	186c [for doctor's reference]	186d feeling of*	186e feeling of*	186f nasal*	186g throat thirst	186h ++	186i ±	186j ±	186k ±
	186l interview O	186m details	186n [for doctor's reference]	186o nasal*	186p postnasal drip	186q details	186r [for doctor's reference]	186s diarrhea	186t anal pain	186u ++	186v ±
	186w patient code	187b	187a								

180g

- *1:intranasal endoscope(regular) *6:feeling of weariness
- *2:nasal cavity air ventilation(regular) *7:feeling of weariness
- *3:feces examination(regular) *8:nasal congestion
- *4:blood drawing (nonregular) *9:nasal congestion
- *5:hair analysis(nonregular)

Replacement Sheet

FIG. 12b

